

Submission
No 55

THE PROGRAM OF APPLIANCES FOR DISABLED PEOPLE (PADP)

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The Director
General Purpose Standing Committee No. 2
Parliament House
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My name is George Ajaka and I have been working in the disability sector for 10 years. I graduated as an Occupational Therapist in 2000 and have been involved in prescribing rehabilitation equipment during this time. I currently work for a Rehabilitation Equipment Supplier (GTK Rehab) and am employed as a Sales and Rehabilitation Consultant. I have been in this role for 6 years.

I am involved in the process of equipment prescription on a daily basis and am in constant contact with equipment recipients (clients), families, carers, therapists, specialists and PADP departments. As a result, I have had many discussions on numerous levels regarding the PADP system. Although each client has an individual story the issues raised with the current funding system are universal. These include:

1. The funding takes too long

It is not uncommon for funding applications to take over 12 months for approval. I have personally been involved with a client who has had to wait over 2 years for a wheelchair to be funded. When clients seek appropriate rehabilitation equipment to meet their needs, it is often required immediately. For the client this could mean a loss of function and independence, increased physical deformity, development of pressure ulcers and increased demand on the carer/families.

The delay in funding also results in reassessments to ensure the recommended equipment is still suitable. In the current system this is essential however it is not an efficient use of time to duplicate assessments. In my opinion this impacts on all parties. For example, the client waits long periods for their equipment, therapists cannot get through their waiting lists and provide essential service due to the time spent on reassessment and equipment suppliers are unable to pass on the costs of reassessments.

Recommended solutions

Adopt a pre approval system where the therapist submits a request for funding on behalf of the client. The request will include the category of product along with the specific features required and why. Once the approval is granted assessments and trials will be undertaken to determine the equipment that best meets the client's needs. A formal quote is submitted and the product is ordered shortly after. This will significantly reduce the duplicated workload of all parties involved.

Adopt a policy that all equipment is to be funded within 3 months of application

Increase funding to ensure the policy is achieved

2. Don't have access to choice and service in the country

In my current role I travel to various parts of country NSW. We provide this service to ensure clients who choose to live in regional NSW are not disadvantaged in choice and service. There is concern amongst many that centralisation of purchasing will reduce choice by focusing on the cheapest product and not the most suitable. Quality service will also be compromised, as rehabilitation companies will forgo service to stay competitive.

Consider the 75year old female who lives alone and has recently returned home following a hospital stay. This person may require a \$500 wheelchair, which is deemed a low cost item and non-complex in nature. Now consider the wheelchair turns up delivered in a box from a courier company. Is she expected to unpack the wheelchair and assemble it? Who is responsible in showing her how to operate the wheelchair? The local therapist could be 2-4 hours away. A local provider of the same chair may sell it for \$50 more but will deliver it and ensure safe use. That same provider may rely on these low cost sales to keep their doors open and provide a service that regional NSW needs.

Recommended Solutions

Centralising equipment loan pools to ensure equipment can be reissued across the state. Currently if it is purchased in Wollongong it cannot be reissued in Tamworth.

If we are to centralise purchasing, it should only be on low cost, non-scripted items. Contracts with Regional suppliers should be considered for delivery/supply of such items.

3. Therapists recommendations are scrutinised and questioned

Currently the prescribing therapist submits their request for funding on the clients behalf. The request goes to a committee who then decide on whether the equipment request is approved. Therapists are constantly advising me that their requests are returned with queries largely surrounding costs of products. When submitting an application for funding, therapists are required to provide clinical justification for the products they recommend. Therefore they are frustrated when their professional judgement is being questioned and challenged. This process adds to the time delays discussed earlier.

Recommended Solutions

PADP/Enable work closely with the professional associations (OT NSW, APA) to establish accreditation for equipment prescription. Categories should be set up detailing the levels of prescription and who can prescribe at each level. For example, only therapists with accreditation in equipment prescription can prescribe complex equipment.

PADP coordinators/committees to trust the prescribing therapists recommendations. After all, they would be endorsed by their professional association.

4. PADP will not fund preventative maintenance or seating reviews

Manufacturers of rehabilitation equipment generally recommend that their products be routinely maintained. To my knowledge this does not occur. Some families will take responsibility and ensure that their equipment is clean and well maintained however this is not the norm. We will often hear about an equipment fault, which can become costly to fix. It is far more desirable for the end user to have their equipment routinely maintained by a service provider than to have it fail on them leaving them house bound.

Clients with complex seating often require adjustment to their wheelchairs. Therapists will often request assistance from the equipment supplier due to their level of knowledge on the products. This is often expected to be done at no cost...would a mechanic tune a car for nothing?

Recommended Solutions

Routine Service schedules be implemented focusing on maintenance. This should reduce the repairs bill and increase the life of a product.

Where possible specialised equipment should be serviced by the supplier of the product.

Consideration of a standard 3-6 month review built into the initial submission for complex items.

PADP/Enable to fund equipment reviews should a prescribing therapist provide sound rationale to have an equipment supplier involved.

5. Alternative funding sources are now placing restrictions on funding

Once upon a time, if PADP rejected an equipment request or took a long time to approve funding, the product would be funded by a charitable organisation such as Variety and the Lions Club. Such organisations are inundated with requests that they are now placing greater restrictions on their funding, I believe that the increase in request to fund equipment through these organisations is a direct result of the limited funding through PADP.

Recommended solutions

Increase the PADP/Enable budget. The recent Price Waterhouse review of the PADP system suggested the budget should be close to \$60 million. It is currently \$24 million.

6. Equipment suppliers are being asked to loan equipment for extended trials

There is greater pressure on equipment suppliers to loan equipment for extended periods of time. As a therapist working for an equipment supplier we are unable to charge for extended trials (greater than 3 days). The cost includes set up costs, delivery, pick up, reconfiguration and the opportunities lost, as the equipment is not available to demonstrate.

As an Occupational therapist, I understand the importance of trialling equipment to ensure its suitability. However I also believe that trials are essential only in the situations where an outcome cannot be predetermined. For example there is no point trialling a wheelchair for a client who has had a chair for 15 years and wants a replica. It is also difficult to assess the success of a trial for a client who has extremely custom needs when the trial is with a demonstration wheelchair that is unable to be set up to their specifications.

Recommended Solutions

Prescribing therapists can access the PADP/Enable equipment loan pool to trial equipment such as pressure cushions for assessment purposes

Equipment Suppliers can charge for extended trials

In Summary, our current system of funding rehabilitation equipment is not an efficient process. As a result it has significant impact on our clients health and well being and inclusion into the community.

The system needs changing and I believe a more effective system will be established providing there is open communication between government, professional associations, client and carer groups and equipment suppliers.

I would gladly be involved in further discussions if required.

With thanks

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